

PLEASE PRINT

# STATE OF NEW HAMPSHIRE

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NEW HAMPSHIRE DEPARTMENT OF STATE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

I. Name of Lob	byist(s) Debra Vanderbe	ek, Robert Clegg, Per	iklis Karoutas, Leann Mo	occia, Chris Herr
II. Name of lob	byist's partnership, firm o	or corporation, if any	:	
	Legislative Solutions	s, L.L.C.		
	(Name of partnership, firm of	or corporation)		
	P.O. Box 10724	Bedford	NH	03110
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
( ) 603-980	6-9145	)	e-mail dbeek@	aol.com
(Telepl	hone)	(Fax)		
reportable expe	nent covers: (Choose one – ense transactions which an ele transactions occurring in	e not attributable to	any one client).	nay file a separate report for the following client:
•	New Ham	pshire Camp Directo	rs Association	
	(Full Name of Client	as it appears on the Lobb	yist Registration Form)	
	e transactions by the lobbyi particular client.	st (including the lobby	ist's family), or the lobbying	ng firm listed below which are
IV. Date of Rep	•	2/21/19	July 25, 2018   (1/1/18 to 6/20/1	70
Reports cover:	activity from date of registre	_	activity from 4/1/18 to 6/30/1	
	October 31, 2018 activity from 7/1/18 to		January 30, 2019 activity from 10/1/18 to 12/3	
	e been no fees received a ecked, complete just this for 3301.			
VI. Check if ad	Iditional reports are attacl	hed:		
,	received fees or made expe		Addendum A- Fees and	Expenses
• •	paid an honorarium or reim ursement	nbursed expenses, you	must file <b>Addendum B</b> – R	Report of Honorariums or
☐ If you, your	r firm, or your family has m	ade political contributi	ons, you must file Addend	lum C– Political Contributions
I have read RSA	othe best of my knowledge	and RSA 664 and here	April 9, 2018	e foregoing information is true
Debra Vander	beek			
(Print Name of				

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#### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karou	utas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>1500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm he aggregate total of all expenses paid expenses; (b) the aggregate total of all ole: meals purchased during a businesses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50 s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1500.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of $\$25$ or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>1500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying par	tnership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(s	s).		
	my knowledge and bel	ief.	nt and each Addendum is true and 9, 2018 (Date)
Robert Clegg			
(Print Name of lobbyis	et)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying parts	nership, firm, or corpo	ration: Legislative Solution	s, L.L.C.	
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or o	corporation and not related to any	
particular client):				
Date of Report (check o	ne):			
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
I have read RSA 15, RS the following Addendur submitted):	SA 15-B, RSA 664, the ms submitted with the	e Statement of Income and it Statement (insert the nu	d Expenses described above, and mber of Addendum forms being	
Addendum A(s)				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  April 9, 2018				
(Signature of lobbyist)			(Date)	
Periklis Karoutas  (Print Name of Johnvist)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

		oration: Legislative Solution or the partnership, firm, or	ns, L.L.C. corporation and not related to any
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and imber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
complete to the best of	my knowledge and be	lief.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Leann Moccia			
(Print Name of lobbyi	st)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Soluti	ons, L.L.C.
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, o	or corporation and not related to any
particular client):			•
Date of Report (check	one):		
April 25, 2018 15	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
I have read RSA 15, Rethe following Addendu submitted):	SA 15-B, RSA 664, thems submitted with the	ne Statement of Income and Statement (insert the	and Expenses described above, and number of Addendum forms being
Addendum A(s)	).		
Addendum B(s)	).		
Addendum C(s)	).		
I hereby swear or affirm complete to the best of a			ent and each Addendum is true and
Christoph	Allen	Apri	il 9, 2018
(Signature of lobbyist)			(Date)
Chris Herr			
(Print Name of lobbyist)	)		